Public Swimming Pools Compliance Statement

This form is required to be submitted by the Wisconsin registered supervising professional (architect or engineer) observing construction of public swimming pools (ILHR 90). Failure to submit this form may result in penalties as specified in Chapter 101.02 Stats. and/or local ordinances and other state agency rules.

General Instructions: Prior to the initial use of a new or modified public swimming pool, submit this completed and signed form to:

- DHFS, Food and Recreational Licensing Section, PO Box 2659, Madison, WI 53701-2659
- Safety and Buildings, 10541N Ranch Rd., Hayward, WI 54843

	rsonal information you provide may be used for secondary PROJECT INFORMATION: Please fill in the fo	purposes [Privacy Law, s. 15.04 (1)(m)]. ollowing with information from your plan approval letter.
		Regulated Object Number
	te Number/Project Name	
	e location (number & street)	
		County of
2.	PURPOSE OF THIS STATEMENT: (Check Box applicable boxes and information. Attach additional	A, B, C, or D to indicate purpose and complete any other pages if necessary.)
	Check those which apply:	
	□ Partial Completion	ted
		sed on onsite observation, construction of the new or modified this project has been completed in substantial compliance with the
	PUBLIC SWIMMING POOL ITEMS Structural 1. Stair Uniformity 2. Unobstructed Deck & Pool Area 3. Fencing or Enclosure 4. Basin Design	Sanitary Facilities 1. Water Closets 2. Lavatories 3. Showers 4. Floor and Deck Drains 5. Supply of Drinking Water 6. Hose Bibbs
	Mechanical 1. Pool Heaters 2. Recirculation System (pumps, filters, turpipe sizes) 3. Disinfectant equipment 4. Inlets & Skimmers (spacing and require 5. Back-flow Protection for Pool Water Sup	2 Safety Ropes3. Lifeguard Chairsd numbers)4. Main Drain Size
	B) Statement of Noncompliance Due to the following listed violations, this project is not ready for occupancy:	
	C) ☐ Supervising Professional Withdrawn From D) ☐ Project Abandoned	n Project (Use A or B above to indicate project status as of this date.)
3.	SUPERVISING PROFESSIONAL SIGNATURE FOR PUBLIC SWIMMING POOL SYSTEM:	
	Registration No.	Customer ID No.
	NameName (please print or type)	Phone
	Signature	Date